

## Division of Emergency Medical Services North Dakota Department of Health Enhanced Course Class Roster

0	Multi-Lu	ımen	Airway

O Nebulized Medications

O Manual Defibrillation

O IV Maintenance

0	<b>Dextrose</b>	50%	Admir
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O Flight Medical Crew

Starting	Date	1	1	
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**Ending Date** 

	O Manual Delibrination		Ending Date			
ND State 6 Digit License Number	Name	EMS Agency	Exams (P or F)		Check One	
or Social Sec #			Written	Practical	Initial	Recert
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**RETURN WITHIN 3 DAYS OF COURSE COMPLETION TO:** 

EMERGENCY MEDICAL SERVICES ND DEPARTMENT OF HEALTH 600 E. BOULEVARD AVE DEPT 301 BISMARCK, ND 58505-0200 **INSTRUCTOR'S SIGNATURE**